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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Health Underwriters PAC (HUPAC) P. O. Box 7135 ADDRESS (number and street) Check if different than previously DC 20044 Washington 7135 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00283135 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2006 8 0 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wade S. Williams Type or Print Name of Treasurer Electronically Filed by Wade S. Williams 09 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	eport Covering the Period: From:	01 2006	To: 0 8 3 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Y2006		31951.44
	(b) Cash on Hand at Begining of Reporting Period	12272.32	
	(c) Total Receipts (from Line 19)	17630.34	199284.63
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29902.66	231236.07
7.	Total Disbursements (from Line 31)	15158.41	216491.82
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14744.25	14744.25
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

01

^Y 2 0 0 6

To:

м м 8 0 ^D 3 1

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	11307.00	103047.00
	(ii) Unitemized	6323.34	96167.72
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	17630.34	199214.72
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17630.34	199214.72
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
-	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	69.91
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17630.34	199284.63
	Total Federal Receipts (subtract Line 18(c) from Line 19)	17630.34	199284.63

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 658.41 46796.82 Expenditures..... (c) Total Operating Expenditures 658.41 46796.82 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 14500.00 161000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 695.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 695.00 (add Lines 28(a), (b), and (c)) 8000.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 15158.41 216491.82 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... 15158.41 216491.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17630.34	199214.72
34. Total Contribution Refunds (from Line 28(d))	0.00	695.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17630.34	198519.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	658.41	46796.82
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	658.41	46796.82

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) SUZY ALBERTS Mailing Address 20700 Civic Center Drive Ste 250 City Southfield	State	Zip Code 48076	Date of Receipt M M
	FEC ID number of contributing federal political committee. Name of Employer Comerica Insurance Services Receipt For: Primary General Other (specify)	Occupation Insurance	1	Amount of Each Receipt this Period 30.00
3.	Full Name (Last, First, Middle Initial) KATHRYN ANDERSON Mailing Address P. O. Box 7648 City Tyler FEC ID number of contributing federal political committee.	State TX	Zip Code 75711-7648	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Strategies In Employee Benefits Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate		
Full Name (Last, First, Middle Initial) WILLIAM BUDDY ANDERSON Mailing Address 498 Palm Springs Drive, Suite 270				Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Altamonte Springs FEC ID number of contributing federal political committee.	State FL	Zip Code 32701-7805	Transaction ID: 16338002 Amount of Each Receipt this Period 30.00
	Name of Employer Benefit Port Receipt For: Primary General Other (specify) ▼		n g Representative e Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			140.00
т	OTAL This Period (last page this line number on	lv)		

				_
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 68 (check only one)
IT	EMIZED RECEIPTS		or each category of the	
•••	TI EIMIEED TIEGEII TO		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrit	ters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE			Date of Receipt
	Mailing Address 7606 University Avenue,	Suite B		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16338003
	Lubbock	TX	79423-2128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Ashmore Agency Inc	Occupation		
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		800.00	
— В.	Full Name (Last, First, Middle Initial) VIRGINIA ASHTON			Date of Receipt
	Mailing Address 1900 Electric Road			08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16338004
	Salem	VA	24153-7474	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Lewis-Gale Medical Center	Occupation Director	n of Provider Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		210.00	
<u> </u>	Full Name (Last, First, Middle Initial) ANN BELL			Date of Receipt
	Mailing Address 1661 Shoreline Drive, Su	uite 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16338008
	Boise	ID	83702-6746	Amount of Each Receipt this Period
				7 thouse of East Proposition 1 shou
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Higgins & Rutledge Insura-	Occupation		
	nce Inc.	Insurance		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		070.00	1
	Other (specify) ▼	0 0	270.00	
s	UBTOTAL of Receipts This Page (optional)			145.00

SCHEDIII E A (EEC Form 2V)]		FOR LINE NUMBER: PAGE 8 / 68
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DAVID BERMAN			Date of Receipt
	Mailing Address 6510 N. Shadeland Ave	nue		08 01 2006
	City	State	Zip Code	Transaction ID: 16338009
	Indianapolis	IN	46220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Neace Lukens Holding Company Inc.	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		100'00'	1
	Other (specify) ▼		480.00	
В.	Full Name (Last, First, Middle Initial) B CALVIN			Date of Receipt
	Mailing Address PO Box 101422			08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16338024
	Anchorage	AK	99510-1422	Amount of Each Receipt this Period
		711	33310 1422	Amount of Each neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer	Occupation	1	
	Calco Inc.	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	200.00	1
	Other (specify)		600.00	
	Full Name (Last First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) RUSSELL CHILDERS			Date of Receipt
	Mailing Address PO Box 1547			08 01 Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16338028
	Americus	GA	31709-1547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Russ Childers CLU	Occupation		
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		225 00	1
	Other (specify) ▼		325.00	
_				
s	UBTOTAL of Receipts This Page (optional)			175.00
\vdash	,			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 68			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Δ	ny information copied from such Reports and Staten	nonte may	y not be sold or used by any perso			
or	for commercial purposes, other than using the nam	e and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	National Association of Health Underwriter	s PAC (HUPAC)			
\angle						
Α.	Full Name (Last, First, Middle Initial) GEORGE CONDOS		Date of Receipt			
Α.	Mailing Address 7881 West Charleston Blv	4 #140		M M / D D / Y Y Y Y		
	West Ghaneston Divi	J. #140		08 01 2006		
	City	State	Zip Code	Transaction ID: 16338033		
	Las Vegas	NV	89117	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		30.00		
	federal political committee.	<u> </u>		30.00		
	Name of Employer C	Occupation	1	7		
	Leavitt Insurance Agency	nsurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	285.00			
	☐ Other (specify) ▼	0 0	200.00			
_	Full Name (Last, First, Middle Initial)			+		
В.	CYNTHIA DOUCET			Date of Receipt		
	Mailing Address P. O. Box 91180			M M / D D / Y Y Y		
				08 01 2006		
	City	State	Zip Code	Transaction ID: 16338045		
	Lafayette LA FEC ID number of contributing federal political committee.		70509-1180	Amount of Each Receipt this Period		
				30.00		
	Tederal political committee.					
	Global Financial Resources	Occupation				
	Inc.	nsurance				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		240.00			
		1 1		1		
	Full Name (Last, First, Middle Initial)					
C.	EUGENE EBERSOLE			Date of Receipt		
	Mailing Address PO Box 2886			08 01 2006		
	City	State	Zip Code	Transaction ID: 16338050		
	Gretna	LA	70054-2886	Amount of Each Receipt this Period		
	FFC ID number of contribution					
	federal political committee.	C		70.00		
	Name of Employer	Occupation	1	4		
	Eborcolo 9 Accopiatos In	nsurance				
	<u>v.</u>		Year-to-Date ▼			
	Primary General	1 1	750.00	1		
	Other (specify) ▼		750.00			
_						
				130.00		
	UBTOTAL of Receipts This Page (optional)			- 10000		
_	OTAL This Period (last page this line number only)			. [
1 1	UIAL THIS FEHOU (IAST PAGE THIS THE HUTTIDER ONLY)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 68	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12	
	· information and discount December and Ob			13 14 15 16 17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Health Underwr	iters PAC (HUPAC)		
A.	Full Name (Last, First, Middle Initial) LINDA ERLENBACH			Date of Receipt	
	Mailing Address 151 Belcourt Lane			08 01 2006	
	City	State	Zip Code	Transaction ID: 16338054	
	Aurora	OH	44202-8438	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		10.00	
	Name of Employer L.M. Erlenbach Inc.	Occupation Benefits (n Consultant		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		205.00	1	
	Other (specify)	0 0	203.00		
В.	Full Name (Last, First, Middle Initial) THOMAS EVANS			Date of Receipt	
	Mailing Address 7261 Mercy Rd.			08 01 2006	
	City	State	Zip Code	Transaction ID: 16338055	
	Omaha	NE	68164-9684	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		80.00	
	Name of Employer BlueCross Blue Shield of	Occupation			
	Nebraska	Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	640.00		
<u> </u>	Full Name (Last, First, Middle Initial) DAVID FEAR			Date of Receipt	
	Mailing Address 11160 Sun Center Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 16338057	
	Rancho Cordova	CA	95670-6121	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		55.00	
	Name of Employer CIMS Strategic Distributi-	Occupation Director of	n of Strategic Distribution		
	on Division Receipt For:		Year-to-Date V	\dashv	
	Primary General	7.99.094.0		1	
	Other (specify) ▼		855.00		
s	LUBTOTAL of Receipts This Page (optional)			145.00	
	OTAL This Period (last page this line number o				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 68
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) CATHERINE FICARA			Date of Receipt
	Mailing Address 26999 Central Park Blvd			08 01 2006
	City	State	Zip Code	Transaction ID: 16338058
	Southfield	MI	48076-4174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Austin Financial Group LL- CUnited	Occupation Health In	n surance Agent	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	210.00	
В.	Full Name (Last, First, Middle Initial) LINDA FRIEDRICH			Date of Receipt
	Mailing Address PO Box 30275			08 01 2006
	City	State	Zip Code	Transaction ID: 16338060
	Lincoln	NE	68503-0275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer UNICO Financial Services	Occupation	n	7
	UNICO Financial Services Inc.	Insurance		
	Receipt For:	l	e Year-to-Date ▼	7
	Primary General	33 3		1
	Other (specify) ▼		400.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) BRUCE GARDNER			Date of Receipt
	Mailing Address 1502 West Avenue			08 01 2006
	City	State	Zip Code	Transaction ID: 16338063
	Austin	TX	78701-1561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Bruce Gardner Insurance & Investments	Occupation Registere	n ed Representative	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	560.00	
<u> </u>	UBTOTAL of Receipts This Page (optional)			160.00
\vdash				-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 68
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
	iaitie and add	aress or any political committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC (HUPAC)	
Full Name (Last, First, Middle Initial) PATRICE GOLDFARB			Date of Receipt
Mailing Address 442 Teaneck Rd.		71.0	08 / 01 / 2006
City <u>Ridgefield Park</u>	State NJ	Zip Code 07660-1516	Transaction ID: 16338069 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer The Employee Benefits Adv- isors Group	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. MICHAEL GRAY			Date of Receipt
Mailing Address 233 South 13th Street Suite 1500			08 / 01 / 4 2006
City	State	Zip Code	Transaction ID: 16338072
Lincoln	NE	68508-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The Harry A. Koch Company	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1880.00	
Full Name (Last, First, Middle Initial) C. ROBERT GRUNDMAN			Date of Receipt
Mailing Address 7412 Karl Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16338074
Lincoln	NE	68516-4368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Senior Benefit Strategies	Occupation Insurance		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		310.00	
SUBTOTAL of Receipts This Page (optional)			330.00
TOTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 / 68
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) LISA HELLMAN			Date of Receipt
	Mailing Address 4180 Providence Rd Suite 200			08 01 2006
	City	State	Zip Code	Transaction ID: 16338081
	Dahlonega	GA	30533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Benefit Designs	Occupation		7
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼	1	285.00	
				4
В.	Full Name (Last, First, Middle Initial) Timothy Hendricks			Date of Receipt
	Mailing Address 1605 S Eucalyptus Ave			M M / D D / Y Y Y Y
				08 01 2006
	City	State	Zip Code	Transaction ID: 16338082
	Broken Arrow	<u>OK</u>	74012-5906	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Business Planning Group Of OK	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		650.00	1
	Other (specify)		000.00	J
_	Full Name (Last, First, Middle Initial)			
C.	HUGH HENDRICKSON Mailing Address 1019 Pacific Ave. Suite	1110		Date of Receipt
	Mailing Address 1019 Pacific Ave. Suite	1110		08 01 2006
	City	State	Zip Code	Transaction ID: 16338083
	Tacoma	WA	98402-4468	Amount of Each Receipt this Period
	FEC ID number of contributing			10.00
	federal political committee.	C		10.00
	Name of Employer Strategic Employee Benefit	Occupation		
	Services	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00] [
	Other (specify)			
$\overline{}$	l			
				130.00
	UBTOTAL of Receipts This Page (optional)			- 100100
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SCHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 14 / 68	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	iters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) RICHARD HILL			Date of Receipt
	Mailing Address 4435 O Street P.O. Box 30275			08 01 2006
	City	State	Zip Code	Transaction ID: 16338086
	Lincoln	NE	68510-1842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer UNICO Financial Services Inc.	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	480.00	1
	Other (specify)		460.00	
В.	Full Name (Last, First, Middle Initial) DONNA HILL			Date of Receipt
	Mailing Address PO Box 724			08 01 YYYYY 2006
	City	State	Zip Code	Transaction ID: 16338087
	Snellville	GA	30078-0724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer DDH Associates LLC	Occupation Health In	n surance Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		700.00	1
	Other (specify)		700.00	1
<u>С</u> .	Full Name (Last, First, Middle Initial) ROBERT HOLLAND, JR.			Date of Receipt
	Mailing Address PO Box 698			08 01 YYYYY 2006
	City	State	Zip Code	Transaction ID: 16338093
	Centralia	WA	98531-0698	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Centralia General Agencies	Occupation		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	33. 293.0		1
	Other (specify) ▼	0 0	205.00	
[UBTOTAL of Receipts This Page (optional)			170.00
13	UDIVIAL OF NECERPLA THIS Page (Optional)			

S	CHEDULE A (FEC Form 3X)		Harana and a shark late (s)	FOR LINE NUMBER: PAGE 15 / 68
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full)	arric aria add	ress of any political committee to	Solicit contributions from such committee.
	National Association of Health Underwr	itoro BAC (HI IDAC\	
	National Association of Health Onderwi	ileis PAC (nurau)	
_	Full Name (Last, First, Middle Initial)			
A.	MARYLOU HUDMAN			Date of Receipt
	Mailing Address 5330 Bent Tree Forest I	Orive, Suite		08 01 2006
	City	State	Zip Code	Transaction ID: 16338097
	Dallas	TX	, 75248-3471	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer	Occupation	1	+
	Name of Employer A Benefit Source	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	-	390.00	1
	Other (specify) ▼		390.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 4455 East Camelback F	Road, Suite	D2	M M / D D / Y Y Y
	Cit.	04-4-	7:- Oada	08 01 2006
	City	State	Zip Code	Transaction ID: 16338100
	Phoenix	AZ	85018-2865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Glass Financial Group	Occupation		
			Benefit Consultant	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		265.00	
	, , , , , , , , , , , , , , , , , , ,	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Terry Ives Mailing Address P O Box 3459			M M / D D / Y Y Y Y
				08 01 2006
	City	State	Zip Code	Transaction ID: 16338102
	San Clemente	CA	92674-3459	Amount of Each Receipt this Period
	FEC ID number of contributing	C		30.00
	federal political committee.	0		
	Name of Employer Executive Financial Advis-	Occupation		7
	ors Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		275.00	
	□ Other (specify) ₩		1 1 1 1 1 1 1	1
Г	I			
s	UBTOTAL of Receipts This Page (optional)			100.00
\vdash				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 68 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
<u></u>	NAME OF COMMITTEE (In Full)			30.01.00.11.00.10.10.10.10.10.10.10.10.10
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) SUZANNE JOHNSON			Date of Receipt
	Mailing Address 6235 Morrison Boulevard	, Suite 30	2	08 01 2006
	City	State	Zip Code	Transaction ID: 16338105
	Charlotte	NC	28211-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Strategic Employee Benefit	Occupation		
	Services Receipt For:		Year-to-Date ▼	
	Primary General		320.00	
	Other (specify) ▼	0 0	320.00	
3.	Full Name (Last, First, Middle Initial) LARRY KACZMAREK			Date of Receipt
	Mailing Address 2633 State Route 59, Sui	te B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16338111
	Ravenna	OH	44266-1684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaczmarek Insurance Servi-	Occupation		7
	ces Inc.	Insurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	935.00	
) .	Full Name (Last, First, Middle Initial) THELMA KACZMAREK			Date of Receipt
	Mailing Address 2633 State Route 59, Sui P O Box 345	te B		08 / 01 / 9 9 9
	City	State	Zip Code	Transaction ID: 16338112
	Ravenna	OH	44266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
Kaazmarak line Carviago		Occupation		
	Agency Inc. Receipt For:	Insurance	e Agent Year-to-Date ▼	\dashv
	Primary General	, iggi cgale		
	Other (specify) ▼		875.00	
s	UBTOTAL of Receipts This Page (optional)			240.00
	1			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	Check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) MICHAEL KIELIAN			Date of Receipt
	Mailing Address PO Box 45279			08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16338114
	<u>Omaha</u>	NE	68145-0279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer The Harry A. Koch Company	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		640.00]
В.	Full Name (Last, First, Middle Initial) MARY KRAMER			Date of Receipt
	Mailing Address 2637 South 158th Plaza,	Suite 200		08 01 2006
	City	State	Zip Code	Transaction ID: 16338115
	Omaha	NE	68130-1769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Holmes Murphy and Associa-	Occupation		
	tes Inc. Receipt For:	Vice Pres	e Year-to-Date ▼	
	Primary General	Aggregate	: Teal-to-Date ▼	1
	Other (specify) ▼		320.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) SHARON MCDERMOTT			Date of Receipt
	Mailing Address 21425 Chancellor Road			08 01 7 2006
	City	State	Zip Code	Transaction ID: 16338131
	Elkorn	NE	68022-4677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Diversified Benefits Group Inc	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
s	UBTOTAL of Receipts This Page (optional)			220.00
 -	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Harana and a shark late (s)	FOR LINE NUMBER: PAGE 18 / 68				
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
01	1 1 .	arric aria add	ress of any political committee to	Solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) National Association of Health Underwrite Output Description:	itoro BAC (HI IDAC\					
	National Association of Health Onderwi	ileis PAC (nurau)					
_	Full Name (Last, First, Middle Initial)							
Α.	DAVID MOORE			Date of Receipt				
	Mailing Address PO Box 1006			08 01 2006				
	City	State	Zip Code	Transaction ID: 16338137				
	Burlington	NC	27216-1006	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		50.00				
	Name of Employer	Occupation	1	_				
	Name of Employer David R. Moore CLU & Ass- ociates	Insurance						
	Receipt For:		Year-to-Date ▼					
	Primary General		400.00	1				
	Other (specify) ▼		420.00					
В.	Full Name (Last, First, Middle Initial) WESLEY MOORE, III			Date of Receipt				
	Mailing Address P O Box 604			M M / D D / Y Y Y Y				
				08 01 2006				
	City	State	Zip Code	Transaction ID: 16338138				
	Darlington	SC	29540-0604	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		100.00				
	federal political committee.							
	Name of Employer W P Moore Agency	Occupation	1					
	W F Moore Agency	President						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		820.00					
	Other (specify)	0 0	1 1 1 1 1 1 1	J.				
_	Full Name (Last, First, Middle Initial)							
C.	JOSHUA NACE			Date of Receipt				
	Mailing Address 936 North 34th Street, S	Suite 208		08 01 2006				
	City	State	Zip Code	Transaction ID: 16338142				
	Seattle	WA	98103-8869	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		30.00				
	Name of Employer	Occupation						
	Name of Employer Dental Health Services		ident Sales & Service					
	Inc. Receipt For:		Year-to-Date ▼	_				
	Primary General	33. 23.40		1				
	Other (specify)		240.00					
				100.00				
S	UBTOTAL of Receipts This Page (optional)			180.00				

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 / 68 (check only one)									
ITEMIZED RECEIPTS			or each category of the									
TI EMIZED REGEIF 13			Detailed Summary Page	X 1	1a	11b	Ш	110	c [12	_	_
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Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any perso	on for the	purpos ntributi	e of so	liciti m s	ng c	contr	ibution	s	
	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_				
$ \rangle$	National Association of Health Underwrit	ters PAC (HUPAC)									
\angle												
Α.	Full Name (Last, First, Middle Initial) MICHAEL NORRIS			Dat	te of Re	eceipt						
	Mailing Address PO Box 999			_	M /		D	/	Υ	YY	Υ	
	295 E Palmer Street			_	8		1	L		200	6	
	City	State	Zip Code		nsactio							
	Franklin	NC	28744-0999	_ Am	ount of	Each	Rec	eipt	this	Perioc	1	_
	FEC ID number of contributing federal political committee.	C						_		30.	00	
	Name of Employer Wayah Insurance Agency	Occupation										
			Executive	_								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,								
	Other (specify)		325.00									
		0 0		4								
В.	Full Name (Last, First, Middle Initial) JOHN PARKER			Dat	te of Re	eceipt						
	Mailing Address 47 Laurel Hill Drive				8 /		D 1	/		y y 2 0 0		
	City	State	Zip Code	_	nsactio			220	_		U	
	Niantic	CT	06357-1536		nsaction of						1	
	FEC ID number of contributing		1 1 1 1 1 1 1		ount of	Lacii	1100	Cipt	uns			
	federal political committee.	C						_		90.	00	
	Name of Employer Parker Agency	Occupation	า									
		Principal										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)	' '	795.00									
				4								
C.	Full Name (Last, First, Middle Initial) DAVID PERRY			Dat	te of Re	eceipt						
	Mailing Address 1634 Ryan Street				8 /		D 1	/ [y y 2 0 0		
	City	State	Zip Code	Tra	nsactio	on ID:	163	338				1
	Lake Charles	LA	70601-5949		ount of						j	
	FEC ID number of contributing	С								30.	00	
federal political committee.					-	-		_			_	
	Name of Employer The Perry Agency Inc.											
	Receipt For:	President Aggregate	Year-to-Date ▼	\dashv								
	Primary General	, 1991 09410		1								
	Other (specify)		660.00									
				1								
							-	_	_	4=0	-	$\overline{\neg}$
s	UBTOTAL of Receipts This Page (optional)			. L						150.0	ήQ	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 68 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) Joseph Phifer			Date of Receipt
	Mailing Address 5495 Belt Line Road, Sui	te 155		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Dallas	State TX	Zip Code 75254-7643	Transaction ID: 16338160
	FEC ID number of contributing federal political committee.	C	73234-7043	Amount of Each Receipt this Period 85.00
	Name of Employer SafeGuard Health Enterprises Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
3.	Full Name (Last, First, Middle Initial) DAVID PRESTON Mailing Address PO Box 1777			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Edmonds	State WA	Zip Code 98020-1777	Transaction ID: 16338161 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Insurance Resource Group Inc.	Occupation CEO		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00	
) .	Full Name (Last, First, Middle Initial) DENNIS RECKER			Date of Receipt
	Mailing Address 971 North Perry Street			08 01 2006
	City Ottawa	State OH	Zip Code 45875-1218	Transaction ID: 16338163 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Fawcett Lammon Recker & Associates		d Representative	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	
s	UBTOTAL of Receipts This Page (optional)		·····	125.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 21 / 68					
· ·		Use separate schedule(s) or each category of the		(check only one)					
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions					
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
	National Association of Health Underw	riters PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) GLEN RIENSCHE			Date of Receipt					
	Mailing Address 3601 Calvert, Ste. 1			08 01 2006					
	City	State	Zip Code	Transaction ID: 16338168					
	Lincoln	NE	68506	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		30.00					
	Name of Employer Advanced Insurance Servic-	Occupation Insurance							
	es Inc. Receipt For:		Year-to-Date ▼						
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1					
	Other (specify) ▼	l	240.00						
				4					
В.	Full Name (Last, First, Middle Initial) ELIZABETH RIOS-CARL			Date of Receipt					
	Mailing Address 124 West Castellano D	rive, Suite 2)	M M / D D / Y Y Y Y					
				08 01 2006					
	City	State	Zip Code	Transaction ID: 16338170					
	El Paso	TX	79912-6139	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		30.00					
	federal political committee.								
	Name of Employer	Occupation	1						
	Goodman Financial Group	VP - Emp	oloyee Benefits						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		280.00	1					
	Other (specify)		200.00						
_	Full Name (Last, First, Middle Initial)			D. (D.)					
C.	JOSEPH ROBERTS Mailing Address 71.01 C. 00md Ct. #P			Date of Receipt					
	Mailing Address 7101 S. 82nd St., #B			08 01 2006					
	City	State	Zip Code	Transaction ID: 16338173					
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		100.00					
	Name of Employer Midlands Financial Benefi-	Occupation							
	ts		ed Representative						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		1382.00	1					
	Other (specify) ▼		1002.00	1					
_									
				160.00					
Ls	UBTOTAL of Receipts This Page (optional)			100.00					
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 68						
ITEMIZED RECEIPTS	or each category of the	(check only one)						
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		13 14 15 16 17						
Any information copied from such Reports and State or for commercial purposes, other than using the name	ments may not be sold or used by any persone and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)								
National Association of Health Underwrite	ers PAC (HUPAC)							
Full Name (Last, First, Middle Initial) 4. WILLIAM ROBINSON		Date of Receipt						
Mailing Address 100 S. Sunrise Way, PMB	3 364	08 01 2006						
City	State Zip Code	Transaction ID: 16338174						
Palm Springs	CA 92262	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	80.00						
Name of Employer	Occupation	7						
Palm Canyon Insurance Age- ncv	Insurance Agent							
	Aggregate Year-to-Date ▼							
Primary General	680.00	1						
Other (specify)	660.00							
Full Name (Last, First, Middle Initial)								
3. EUGENE ROWE		Date of Receipt						
Mailing Address 16000 Ventura Blvd, Suite	08 01 2006							
City	State Zip Code	Transaction ID: 16338178						
Encino	CA 91436-2767	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	30.00						
Name of Employer	Occupation	\dashv						
R & R Insurance and Retir-	Insurance Agent							
STICILE COLVICE	Aggregate Year-to-Date ▼							
Primary General		1						
Other (specify) ▼	240.00]						
Full Name (Last, First, Middle Initial) C. STEPHEN SALAMON		Date of Receipt						
Mailing Address PO Box 4252		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O						
City	State Zip Code	Transaction ID: 16338181						
Timonium	MD 21094-4252	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	10.00						
Name of Employer	Occupation							
Heritage Financial Consul-	Occupation Insurance Agent							
tants LLC	Aggregate Year-to-Date ▼							
Primary General	Ayyı eyale Teal 10-Dale ▼	1						
Other (specify)	840.00							
	0 0 0 0 0 0 0 0 0	1						
_								
SUBTOTAL of Receipts This Page (optional)		120.00						
OSSIGNATION TO THE TAYE (OPTIONAL)								

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 23 / 68
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ comes community raige	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JACKIE SPRAGINS			Date of Receipt
	Mailing Address PO Box 2073			08 01 2006
	City	State	Zip Code	Transaction ID: 16338198
	Wichita Falls	TX	76307-2073	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Spragins Insurance Agency	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	111		1
	Other (specify) ▼		240.00	
В.	Full Name (Last, First, Middle Initial) RYAN THORN			Date of Receipt
	Mailing Address 10342 South Springcres	t Lane		08 01 2006
	City	State	Zip Code	Transaction ID: 16338206
	South Jordan	UT	84095-4538	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer Ryan P. Thorn Insurance	Occupation	1	
	Planning Inc.	Insurance	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		410.00	
	Other (specify)			J
— С.	Full Name (Last, First, Middle Initial)			Data of Receipt
U .	ALICIA TIEFENTHALER Mailing Address 110 West 7th Street, Su	ito 2520		Date of Receipt
	Training Address TTO West 7(III Street, Su	iile 2520		08 01 2006
	City	State	Zip Code	Transaction ID: 16338207
	Tulsa	OK	74119-1104	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		10.00
	Name of Employer Hillcrest Healthcare Syst-	Occupation		
	em	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		225.00]
	Other (specify)			1
_				60.00
Ls	UBTOTAL of Receipts This Page (optional)		······	
1				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 24 / 68 (check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)		
A .	Full Name (Last, First, Middle Initial) DANIEL TOMPKINS, III Mailing Address PO Box 1810			Date of Receipt	
	800 Old Roswell Lakes F	<u>Rwy Suite</u> State	Zip Code	0 8 0 1 2 0 0 6 Transaction ID: 16338208	
	Roswell	GA	30077-1810	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		40.00	
	Name of Employer Admin America	Occupation Insurance	e Agent		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00		
3.	Full Name (Last, First, Middle Initial) JENNIFER TOUPS			Date of Receipt	_
	Mailing Address PO Box 113113			08 01 2006	
	City Metairie	State LA	Zip Code	Transaction ID: 16338209	
	FEC ID number of contributing federal political committee.	C	70011-3113	Amount of Each Receipt this Period 30.00	
	Name of Employer Business Insurance Group	Occupation Director of	n of Marketing		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00		
	Full Name (Last, First, Middle Initial) JANET TRAUTWEIN-STOKES			Date of Receipt	
	Mailing Address 2000 N 14th Street			08 01 2006	
	City Arlington	State VA	Zip Code 22201	Transaction ID: 16338210 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	LLCO	85.00	
	Name of Employer NAHU		e VP, CEO		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 545.00		
S	UBTOTAL of Receipts This Page (optional)			155.00	
T	OTAL This Period (last page this line number on	ly))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 68
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMILLO ILLOLII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ,	ny information copied from such Reports and Stat	temente may	not be sold or used by any person	
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) MARILYN VAN SANT			Date of Receipt
	Mailing Address 271 Route 46 West, Suit	e G206		08 / 01 / 2006
	City	State	Zip Code	Transaction ID: 16338213
	<u>Fairfield</u>	NJ	07004-2475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Stratford Financial Group	Occupation Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		745.00	1
	Other (specify) ▼		145.00	
В.	Full Name (Last, First, Middle Initial) ROBERT VERNON			Date of Receipt
Ь.	Mailing Address PO Box 18251			M M / D D / Y Y Y Y
	Maining / Mainese 1 0 Dox 10201			08 01 2006
	City	State	Zip Code	Transaction ID: 16338214
	Roanoke	VA	24014-3004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer DRR Consulting Inc	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	310.00	1
	Other (specify) 🔻	0 0		
C.	Full Name (Last, First, Middle Initial) CHARLES WAGNER			Date of Receipt
	Mailing Address PO Box 9			08 01 YYYYY 2006
	City	State	Zip Code	Transaction ID: 16338216
	Burwell	NE	68823-0009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
		1		
		Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	900.00	
	Other (speedily) \			1
s	SUBTOTAL of Receipts This Page (optional)			165.00
ļ,	OTAL This Period (last page this line number on	dv)		
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 68
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Health Under	erwriters PAC (HUPAC)	
Full Name (Last, First, Middle Initial) C.L. WESTMORELAND			Date of Receipt
Mailing Address PO Box 925			08 / 01 / 2006
City	State MS	Zip Code	Transaction ID: 16338219
Jackson		39205-0925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer American Public Life Insu- rance Company	Occupation Director	n of Agency Development	
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	680.00	
Full Name (Last, First, Middle Initial) 3. PAULA WILSON			Date of Receipt
Mailing Address PO Box 892740			08 01 2006
City	State	Zip Code	Transaction ID: 16338224
<u>Temecula</u>	CA	92589-2740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Paula L. Wilson Inc.	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	7
Primary General		325.00	1
Other (specify) ▼			
Full Name (Last, First, Middle Initial) BARBARA WONG			Date of Receipt
Mailing Address 1311 L Street			08 01 7 9 9 9
City	State	Zip Code	Transaction ID: 16338229
Anchorage	AK	99501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Capital Management Benefi-	Occupation		
ts Corp. Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
Primary General	Aggregate	F Teal-10-Date V	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			135.00
TOTAL THE December 1			
TOTAL This Period (last page this line numb	er oniy)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 68
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			z otalica zaminaly i age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Daniel L. Conrad			Date of Receipt
	Mailing Address 170 East Lake View Dr			08 21 2006
	City	State	Zip Code	Transaction ID: 16500549
	Pinehurst	NC	28374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer John Hancock	Occupation Brokerag	n e Manager	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		225.00	
В.	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt
	Mailing Address 41 Notre Dame Lane	M M / D D / Y Y Y Y		
	-			08 12 2006
	City	State	Zip Code	Transaction ID: 16500554
	Utica	NY	13502	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.			
	Name of Employer Meridian Group of New York	Occupation	1	
	Meridian Group of New York Inc.	President	ţ	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	565.00	1
	Other (specify)	0 0	303.00	
_	Full Name (Last, First, Middle Initial)			
C.	Norman Robins	WEOO		Date of Receipt
	Mailing Address 2875F Northtowne Ln. #	7 502		08 23 2006
	City	State	Zip Code	Transaction ID: 16507931
	Reno	NV	89512	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer Alta Insurance Agency In-	Occupation President		
	<u>. </u>		Year-to-Date ▼	
	Primary General	riggrogato	real to Bate V	1
	Other (specify)		500.00	
		0 0		1
	l			
ا و	UBTOTAL of Receipts This Page (optional)			660.00
\vdash	CETTE OF TOOCIPIE THIS Tage (optional)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 28 / 68
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) STEPHEN A. GRIM			Date of Receipt
	Mailing Address P O Box 1105			08 20 2006
	City	State	Zip Code	Transaction ID: 16510305
	Virginia Beach	VA	23451-0105	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Mid-Atlantic Agency Inc.	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General	39 - 3		1
	Other (specify) ▼	1	745.00	
				1
В.	Full Name (Last, First, Middle Initial) Kenneth L. Schmidt			Date of Receipt
	Mailing Address 1332 Hunters Hollow Co	ourt		M M / D D / Y Y Y Y
				08 23 2006
	City	State	Zip Code	Transaction ID: 16513808
	Eureka	MO	63025-1051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
				_
	Name of Employer MSM&F	Occupation		
			Consultant	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	840.00	
	Ctrici (specify)	1 1	0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) KELLY FRISTOE			Date of Receipt
٠.	Mailing Address 807 8th Street, Suite 300	n		M M / D D / Y Y Y Y
	P.O. Box 4789	.		08 23 2006
	City	State	Zip Code	Transaction ID: 16513809
	Wichita Falls	TX	76308-0789	Amount of Each Receipt this Period
	FEC ID number of contributing			545.00
	federal political committee.	C		343.00
	Name of Employer Financial Partners	Occupation		
	Inst		e Agent	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		635.00	
	Carior (opcony)	-	0 0 0 0 0 0 0	1
	<u>l</u>			
9	UBTOTAL of Receipts This Page (optional)			1145.00
\vdash	COLORE OF TOOCIPIS THIS LAGE (Optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUME	BER: PAGE 29/68
TEMIZED RECEIPTS			or each category of the	(check only one)	🗖 🗖
•			Detailed Summary Page	X 11a 11	
Δr	by information conied from such Reports and State	ements may	not he sold or used by any nerso		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions	from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)		
۹.	Full Name (Last, First, Middle Initial) MARY PRUITT			Date of Recei	pt
	Mailing Address PO Box 53010			08	23 2006
	City	State	Zip Code		D : 16560433
	Lubbock	TX	79453-3010	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer HealthSmart Preferred Care Inc.	Occupation			
	Receipt For:		Year-to-Date ▼		
	Primary General		220.00		
	Other (specify) ▼	0 0	220.00		
3.	Full Name (Last, First, Middle Initial) Beth M. Beam			Date of Recei	pt
	Mailing Address 5516 Lonas Drive, Suite 2	08	30 2006		
	City	State	Zip Code	Transaction I	D : 16652035
	Knoxville	TN	37909-3247	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	С			365.00
	Name of Employer Strategic Employee Benefi-	Occupation			
	ts Services		e Benefit Specialist	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.	
	Other (specify) ▼		365.00		
_	Full Name (Last, First, Middle Initial) SUE LARSEN			Date of Recei	nt
٠.	Mailing Address P.O. Box 6465			M M / D	·
				0 8	28 2006
	City	State	Zip Code	Transaction I	D : 16757691
	Santa Barbara	CA	93111-1925	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			75.00
	Name of Employer Larsen Insurance	Occupation Insurance			
	Receipt For:		Year-to-Date ▼	1	
	Primary General		550.00	1	
	Other (specify) ▼	0 0	550.00		
s	UBTOTAL of Receipts This Page (optional)				540.00
	- · · · · ·		•		
T	OTAL This Period (last page this line number onl	y)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 68			
ıт	EMIZED RECEIPTS		or each category of the	(check only one)			
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12			
Γ.	ovinformation against from augh Danayta and States	acata mai	, not be cold or used by any never	13 14 15 16 17			
or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	e and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$ \rangle$	National Association of Health Underwriter	s PAC (HUPAC)				
\mathbb{Z}		`					
	Full Name (Last, First, Middle Initial)			Data of Descipt			
Α.	WILLIAM BLAKELY Mailing Address PO Box 11310			Date of Receipt			
	Mailing Address PO BOX 11310			08 28 2006			
	City	State	Zip Code	Transaction ID: 16757696			
	Chattanooga	TN	37401-2310	Amount of Each Receipt this Period			
	FEC ID number of contributing	_		20.00			
	federal political committee.	C		30.00			
	Name of Employer Russ Blakely & Associates	occupation	1	7			
		nsurance	•				
		Aggregate	Year-to-Date ▼				
	Primary General		210.00				
	Other (specify) ▼	1 1	0 0 0 0 0 0 0				
_	Full Name (Last, First, Middle Initial)						
В.		0 11 0	••	Date of Receipt			
	Mailing Address 12200 Northwest Freeway,	Suite 6	62	08 28 2006			
	City	State	Zip Code	Transaction ID: 16757697			
	Houston	TX	77092-4927	Amount of Each Receipt this Period			
	FFO ID accepts on of a cartella diagram						
	federal political committee.	C		85.00			
	Name of Employer)ooupotion	`	4			
	Northwest General Insuran-	occupation Surance					
			Year-to-Date ▼	_			
	Primary General			1			
	Other (specify)		295.00				
_							
C.	Full Name (Last, First, Middle Initial) TRAVIS S. MIDDLETON			Date of Receipt			
	Mailing Address 20501 Katy Freeway, # 219	9		M " M / D " D / Y " Y " Y " Y			
	0::	0	7: 0 1	08 28 2006			
	City	State TX	Zip Code	Transaction ID: 16757698			
	Katy	1/	77450-1935	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	TradeMark Incuirance Agency	occupation					
		nsurance	e Agent • Year-to-Date ▼	\dashv			
	Primary General	-ggregate	rear-to-Date V	1			
	Other (specify)		700.00				
_				A .			
	•			215.00			
S	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
<u>/</u>	Full Name (Last, First, Middle Initial) SHARON ALT Mailing Address 6410 Southwest Blvd, Su City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Alt Benefit Consultants Inc Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) BRADFORD H. BLAIN Mailing Address P O Box 4510 City Lexington FEC ID number of contributing federal political committee. Name of Employer Al Torstrick Insurance Agency Inc. Receipt For: Primary General Other (specify) General Other (specify)	State TX C Occupation Insurance Aggregate State KY C	Zip Code 76109-3920 n e Agent e Year-to-Date Zip Code 40544-4510	Date of Receipt M M
C .	Full Name (Last, First, Middle Initial) JOHN KIEBLER Mailing Address 300 West Vine Street City Lexington FEC ID number of contributing federal political committee. Name of Employer CHA Health Receipt For: Primary General Other (specify)	State KY C Occupation Insurance Aggregate		Date of Receipt M M M / 28 / 2006 Transaction ID: 16757701 Amount of Each Receipt this Period 30.00
s	UBTOTAL of Receipts This Page (optional)			110.00
т	OTAL This Period (last page this line number on	lv))	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 32 / 68		
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwr	iters PAC (HUPAC)			
Α.	Full Name (Last, First, Middle Initial) JEFFREY SHERROD			Date of Receipt		
	Mailing Address 1203-B West Loop 281,	Suite 103		08 28 2006		
	City	State	Zip Code	Transaction ID: 16757707		
	Longview	TX	75604	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Principal Life Insurance	Occupation Insurance				
	Co. Receipt For:		Year-to-Date V	-		
	Primary General	7.99.094.0		1		
	Other (specify) ▼		210.00			
В.	Full Name (Last, First, Middle Initial) TAMELA L. SOUTHAN			Date of Receipt		
	Mailing Address 8431 San Leandro Drive	9		M M / D D / Y Y Y Y		
				08 28 2006		
	City	State	Zip Code	Transaction ID: 16757708		
	Dallas	TX	75218-4320	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer CONEXIS	Occupation	1	7		
	Client De		livery New Business Analyst	<u>: </u>		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		350.00			
	Other (specify)		000.00			
<u> </u>	Full Name (Last, First, Middle Initial) JIM BOWMAN			Date of Receipt		
٥.	Mailing Address 2701 West 15th Street,	# 554		M M / D D / Y Y Y Y		
	Walling Address 2701 West 15th Street,	# 334		08 28 2006		
	City	State	Zip Code	Transaction ID: 16757709		
	Plano	TX	75075-7523	Amount of Each Receipt this Period		
	FEC ID number of contributing			20.00		
	federal political committee.	C		30.00		
	Name of Employer Bowman & Bowman Consultan-	Occupation				
	ts Inc. Ins. Receipt For: Ag		e Agent	_		
			Year-to-Date ▼	. [
	Primary General		210.00			
	Other (specify)	-				
_	LIDTOTAL of December This December 1			110.00		
L	UBTOTAL of Receipts This Page (optional)		······			
1						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 68
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information copied from such Reports and Sta	tomonte may	y not be sold or used by any person	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) BARBARA WONG			Date of Receipt
	Mailing Address 1311 L Street			08 28 2006
	City	State	Zip Code	Transaction ID: 16757711
	Anchorage	AK	99501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Capital Management Benefits Corp.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
В.		0 11 400		Date of Receipt
	Mailing Address 111 East Ludwig Road,	08 28 2006		
	City	Zip Code	Transaction ID: 16757725	
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer IntraHealth Solutions In-	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		760.00	1
	Other (specify)	1 1	700.00	1
<u> </u>	Full Name (Last, First, Middle Initial) JAMES R STENGER			Date of Receipt
	Mailing Address 268 South Street			M M / D D / Y Y Y Y
	-			08 28 2006
	City	State	Zip Code	Transaction ID: 16757729
	Morristown	NJ	07960-6019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer NAS Financial Services	Occupation Principal	1	
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
Primary General			840.00	1
	Other (specify)		040.00	
	UBTOTAL of Receipts This Page (optional)			305.00
\vdash	ODIOTAL OF HOOOIPIS THIS Lage (optional)			
lτ	OTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FEC Form 3X)

PAGE 34 / 68 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) ERIC D. JOHNSON Date of Receipt Mailing Address 3510 Willow Ridge Drive 08 2006 28 City State Zip Code Transaction ID: 16757733 Arlington TX 76017 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer BenefitPort Southwest Occupation Life & Health Agent Aggregate Year-to-Date ▼ Receipt For: General Primary 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. H Luke MCDERMOTT Date of Receipt Mailing Address 883 West Baxter Drive 8 0 28 2006 City Zip Code Transaction ID: 16757735 State South Jordan UT 84095-8506 Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Name of Employer McDermott Company & Assoc-Occupation Insurance Agent <u>iates</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 595.00 Other (specify) Full Name (Last, First, Middle Initial) C. JOHN R MCCONNAUGHEY Date of Receipt Mailing Address PO Box 805 2006 0.8 30 Citv State Zip Code Transaction ID: 16757756 West Chester OH 45071-0805 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer JRM & Associates Agency Occupation Insurance Agent Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 335.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 68
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) ANNE P SPERLING			Date of Receipt
	Mailing Address 25 Antigua Road			08 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16757758
	Santa Fe	NM	87508-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Daniels Insurance Inc.	Occupation Employe	n e Benefits Manager	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	240.00	
3.	Full Name (Last, First, Middle Initial) ALFONSO C. SCHIEBEL			Date of Receipt
	Mailing Address 200 Sandy Springs Pl., #	300A		08 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 16757759
	Atlanta	GA 30328-5918		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		33.00
	Name of Employer Ashford Advisors Inc.	Occupation		7
		Insurance	e Agent e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate		1
	Other (specify) ▼		384.00	
— Э.	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS			Date of Receipt
	Mailing Address 2255 Glades Road, Suite	420A		08 30 7 2006
	City	State	Zip Code	Transaction ID: 16757760
	Boca Raton	FL	33431-7379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer John Hancock	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		960.00	
s	UBTOTAL of Receipts This Page (optional)			108.00
	,		•	
T	OTAL This Period (last page this line number onl	y)	>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 36 / 68
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) SHERI S HOKIN			Date of Receipt
	Mailing Address 3330 Dundee Road, Sui	te C-3		08 30 2006
	City	State	Zip Code	Transaction ID: 16757762
	Northbrook	IL	60062-2328	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer Hokin Sternberg Insurance	Occupation Insurance		
	Services Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	210.00	
В.	Full Name (Last, First, Middle Initial) TRACY Q BRADFORD			Date of Receipt
	Mailing Address 119 South Main Street,	Suite 560		M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	08 30 2006
	Memphis	State TN	38103	Transaction ID: 16757767
		1111	30103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	1	+
	Synaxis Polk & Sullivan Insurance	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		900.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	RICK D. BAILEY Mailing Address 4390 Farney Road, Suit	0.040		Date of Receipt
	Mailing Address 4390 Earney Road, Suit	e 240		08 30 2006
	City	State	Zip Code	Transaction ID: 16757768
	Woodstock	GA	30188-5687	Amount of Each Receipt this Period
	FEC ID number of contributing	С		30.00
	federal political committee.			
	Name of Employer Rick Bailey & Company In-	Occupation Insurance		
	<u>v</u> .		Year-to-Date V	\dashv
	Primary General	, iggi cgale	Total to Duto ¥	1
	Other (specify)		210.00	
				1
s	UBTOTAL of Receipts This Page (optional)			150.00
\vdash	. 3 (17			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 37/68		
ITEMIZED RECEIPTS			or each category of the	(check only one)	110 🗆 10		
			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17		
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso				
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from si	uch committee.		
\	NAME OF COMMITTEE (In Full)						
/	National Association of Health Underwrit	ers PAC (HUPAC)				
۹.	Full Name (Last, First, Middle Initial) RAYMER M SALE, JR			Date of Receipt			
	Mailing Address P. O. Box 424420 1255 Lakes Pkwy, Ste 12	20 Zip 300	04	08 / 30	2006		
	City	State	Zip Code	Transaction ID: 167	'57775		
	Lawrenceville	GA	30042	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			100.00		
	Name of Employer E2E Benefits Services In-	Occupation Insurance					
	c. Receipt For:		e Year-to-Date ▼	1			
	Primary General		925.00				
	Other (specify) ▼		925.00				
3.	Full Name (Last, First, Middle Initial) DONALD B THOMPSON			Date of Receipt			
	Mailing Address 9700 Ormsby Station Rd	., # 200		08 / 30	2006		
	City	State	Zip Code	Transaction ID: 167	757776		
	Louisville	KY	40223-4207	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			150.00		
	Name of Employer Thompson Associates Inc.	Occupation					
		Insurance		_			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)		1200.00				
).	Full Name (Last, First, Middle Initial) BOB G SHUPE			Date of Receipt			
	Mailing Address PO Box 2344			M M / D D D O S O S O S O S O S O S O S O S O	2006		
	City	State	Zip Code	Transaction ID: 167			
	Brentwood	TN	37024-2344	Amount of Each Rec			
	FEC ID number of contributing				50.00		
	federal political committee.	C			50.00		
Name of Employer ESP Inc Occupation Insurance							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify) ▼		320.00				
	SUBTOTAL of Descipts This Dags (antions)						
S	UBTOTAL of Receipts This Page (optional)		······		300.00		
T	OTAL This Period (last page this line number on	ly))				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
Α.	Delta Dental of North Car-	State NC C Occupation Insurance Aggregate		Date of Receipt M M J D J Y Y Y Y Y Y Y Y Y
3.	KIA Incuração	State NV C Occupation Insurance	e Agent Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	NAHII ' '	State TN C Occupation Insurance Aggregate		Date of Receipt M M M / 30 / 2006 Transaction ID: 16757793 Amount of Each Receipt this Period 10.00
S	UBTOTAL of Receipts This Page (optional)			124.00
T	OTAL This Period (last page this line number only	w)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 39 / 68
·			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_			,	13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress or any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	DAG (
\angle	National Association of Health Underwi	riters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) WALTER T. HALE			Date of Receipt
	Mailing Address 211 East Church Street			08 30 2006
	City	State	Zip Code	Transaction ID: 16757795
	Morrilton	AR	72110-3419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Hawkins Insurance Agency	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) JON C RAUSER			Date of Receipt
	Mailing Address 400 East Wisconsin Av	08 30 YYYY 2006		
	City	State	Zip Code	Transaction ID: 16757796
	Milwaukee	WI	53202-4499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer The Rauser Agency Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	1360.00	
<u> </u>	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt
	Mailing Address 9480 Deereco Road			M M / D D / Y Y Y Y Y O O O O O
	City	State	Zip Code	Transaction ID: 16757802
	Timonium	MD	21093-2102	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer Corporate Coverage LLC	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		040.00	1
	Other (specify) ▼		640.00	
_				
				280.00
S	UBTOTAL of Receipts This Page (optional)			200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 68 (check only one) X
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
A .	Full Name (Last, First, Middle Initial) SUSAN MALEY Maley RASH Mailing Address 2108 West Laburnum Avo City Richmond FEC ID number of contributing federal political committee. Name of Employer BB&T Benefit Consultants of Virginia Receipt For: Primary General	State VA C Occupation Vice Pres	Zip Code 23227-4300 n sident e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) DAVID S JOHNSON Mailing Address P. O. Box 871129	0 0	400.00	Date of Receipt
	City Stone Mountain FEC ID number of contributing federal political committee.	State GA	Zip Code 30087-0029	0 8 3 0 2 0 0 6 Transaction ID: 16757806 Amount of Each Receipt this Period 85.00
	Name of Employer David S. Johnson Insurance Receipt For: Primary General Other (specify) ▼		Executive e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) GERARD R. GERSHONOWITZ Mailing Address 980 Broadway, Suite 608				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Thornwood	State NY	Zip Code 10594-1313	Transaction ID: 16757807 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10094-1010	75.00
	Name of Employer Morrell Consulting Group Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
s	UBTOTAL of Receipts This Page (optional)			210.00
T	OTAL This Period (last page this line number onl	v)		

SCHEDULE ITEMIZED F	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE N (check only o	
Any information co	opied from such Reports and Sta	atements may name and add	not be sold or used by any persol lress of any political committee to	on for the purpos	se of soliciting contributions
1	MMITTEE (In Full) sociation of Health Underwi	riters PAC (HUPAC)		
A. JAIME D HÈRN				Date of R	eceipt
Mailing Addres	88 804 S. Bel Aire Drive			0 8	30 7 2006
City		State	Zip Code		on ID: 16757809
Burbank FEC ID number federal political	er of contributing I committee.	CA	91501-1522	Amount o	f Each Receipt this Period 50.00
Name of Emploardez Financince Inc. Receipt For: Primary Other (sp	oyer ial & Insura- General pecify)	Occupation Insurance Aggregate			
Full Name (Las ROSS W KRAF Mailing Addres		State	Zip Code	Date of R	30 / 2006
<u>Utica</u>	er of contributing I committee.	NY C	13502		on ID: 16757812 f Each Receipt this Period 85.00
Name of Emplomeridian Ground Inc. Receipt For: Primary Other (sp	oyer p of New York General pecify)	Occupation President Aggregate			
Full Name (Las	st, First, Middle Initial) NEDY			Date of R	eceipt
Mailing Address 1173 Brittmoore Road				0.8	30 2006
City Houston		State TX	Zip Code 77043-5003		on ID: 16757814 f Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C			80.00
Name of Emplo Benefit Conce	oyer pts Inc.	Occupation Insurance			
Receipt For: Primary Other (sp	General pecify) ♥	Aggregate	Year-to-Date ▼ 640.00		
SUBTOTAL of P	Receipts This Page (optional)				215.00
				-	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 68			
ITEMIZED RECEIPTS		or each category of the	(check only one)				
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso				
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	National Association of Health Underwr	_					
A.	Full Name (Last, First, Middle Initial) CHARLES TROGDON			Date of Receipt			
	Mailing Address 7910 North Ingram Ave	nue, Suite 2		08 / 30 / 2006			
	City	State	Zip Code	Transaction ID: 16757816			
	Fresno	CA	93711-5828	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Gallagher Benefit Services	Occupation Insurance					
	Receipt For:		Year-to-Date ▼				
	Primary General		440.00				
	Other (specify)	0 0	440.00				
В.	Full Name (Last, First, Middle Initial) DAVID S. CLULEY			Date of Receipt			
	Mailing Address 2220 Glen Echo, SE			08 / 30 / 4 2006			
	City	State Zip Code		Transaction ID: 16757819			
	Grand Rapids	MI	49546-5521	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer PPOM	Occupation		7			
		Insurance					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	0 0	440.00				
<u> </u>	Full Name (Last, First, Middle Initial) OWEN W. WINGATE			Date of Receipt			
	Mailing Address 155 Professional Dr			08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 16757820			
	Ponte Vedra Beach	FL	32082-6217	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer Wingate Insurance Group			7			
Inc. Insurance		Insurance	e Agent • Year-to-Date ▼	-			
		Aggregate	rear-to-Date V				
	Other (specify)	0 0	240.00				
s	SUBTOTAL of Receipts This Page (optional)						
۲	ago (optional)		·······				
T	OTAL This Period (last page this line number o	nly))				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 68		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar	y information copied from such Reports and Sta	itements may	not be sold or used by any perso			
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwr					
Α.	Full Name (Last, First, Middle Initial) NICOLE FAIRBAIRN WONNELL			Date of Receipt		
	Mailing Address 14701 Cumberland Roa	d, Suite 18	0	08 / 30 / 2006		
	City	State	Zip Code	Transaction ID: 16757823		
	Noblesville	IN	46060-8715	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Creative Insurance Concep- ts Inc.	Occupation President				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		220.00			
	Other (specify)	0 0	220.00			
В.	Full Name (Last, First, Middle Initial) THOMAS SHORES			Date of Receipt		
	Mailing Address 8596 W Bolsa Ct.			08 30 7 2006		
	City	State Zip Code		Transaction ID: 16757824		
	Boise	ID	83709-5196	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer T.A. Shores Inc.	Occupation		7		
		-	Growth Specialist			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		210.00			
<u> </u>	Full Name (Last, First, Middle Initial) JEFFREY R. MILES			Date of Receipt		
	Mailing Address 578 Washington Blvd., #801			0 8 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 16757827		
	Marina del Rey	CA	90292-5442	Amount of Each Receipt this Period		
The Miles Organization Insural		С		85.00		
		Occupation		7		
		Insurance				
		Aggregate	Year-to-Date ▼			
			425.00			
Other (specify) \				1		
SUBTOTAL of Receipts This Page (optional)						
Г			<u> </u>			
T	OTAL This Period (last page this line number or					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		4 / 68
	EMIZED RECEIPTS		or each category of the	(check only on	· — —	
•			Detailed Summary Page	X 11a	\rightarrow	12 16
Δr	by information copied from such Reports and State	ements may	not he sold or used by any nerso			
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributio	ns from such commit	tee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)			
۹.	Full Name (Last, First, Middle Initial) WILLIS H. GLAROS			Date of Red	ceipt	
	Mailing Address PO Box 184			08	30 20	0 0 6
	City	State	Zip Code		n ID: 16757830	
	Dyer	IN	46311-0184	Amount of	Each Receipt this Per	riod
	FEC ID number of contributing federal political committee.	C			3	35.00
	Name of Employer Employer Benefit Systems	Occupation Insurance				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		425.00			
	Other (specify) ▼		423.00			
3.	Full Name (Last, First, Middle Initial) DAN WEBB			Date of Red	ceipt	
	Mailing Address 2108 24th St Ste 2				30 20	0 0 6
	City	State	Zip Code		n ID: 16757833	
	Bakersfield	CA	93301-3748	Amount of	Each Receipt this Per	riod
	FEC ID number of contributing federal political committee.	C			8	35.00
	Name of Employer The Webb Insurance Group	Occupation				
			g Manager			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.		
	Other (specify) ▼		425.00			
	Full Name (Last, First, Middle Initial) THOMAS A. BRYON			Date of Red	ceipt	
	Mailing Address 9820 Metcalf Ave., # 110			M M /	D D / Y Y	YY
				0 8		0 0 6
	City	State	Zip Code		n ID: 16757839	
	Overland Park	KS	66212	Amount of	Each Receipt this Per	riod
	FEC ID number of contributing federal political committee.	C			3	30.00
	Name of Employer SS&G and Associates Inc.	Occupation President				
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General	· · ·	220.00			
	Other (specify) ▼		220.00			
s	UBTOTAL of Receipts This Page (optional)				20	0.00
_						
T	OTAL This Period (last page this line number only	y)	>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
Α.	McDermott Company & Assoc-	State UT C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Mid-Atlantic Agency Inc	State VA C Occupation President Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) PATRICIA A GRIFFEY Mailing Address 227 Dixie Way North Suit City South Bend FEC ID number of contributing federal political committee. Name of Employer Page 1 Benefits Inc. Receipt For: Primary General Other (specify)	State IN C C C Cocupation Insurance		Date of Receipt M M M / 30 / 2006 Transaction ID: 16757860 Amount of Each Receipt this Period
s	UBTOTAL of Receipts This Page (optional)			125.00
Т	OTAL This Period (last page this line number only	v)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 68
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) MICHELLE S HOWARD			Date of Receipt
	Mailing Address 2850 West Grand Bouleva			08 / 30 / Y Y Y Y Y
	City Detroit	State MI	Zip Code	Transaction ID: 16757861
	FEC ID number of contributing federal political committee.	C	48202-2643	Amount of Each Receipt this Period 30.00
	Health Alliance Plan	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) RON J. NEZAT			Date of Receipt
	Mailing Address PO Box 91180			08 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16757863
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Global Financial Resources	Occupation		
		Insurance Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	199.194	485.00	
<u> </u>	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
	Mailing Address 4851 LBJ Freeway, Suite	800		08 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16757865
	<u>Dallas</u>	TX	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	CRIZ Repetite & Incurance	Occupation		
	<u> </u>	Insurance Aggregate	e Agent Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	7.99.094.0	240.00	
S	UBTOTAL of Receipts This Page (optional)		·····	140.00
т,	OTAL This Period (last page this line number only	d)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 68	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC ((HUPAC)		
Full Name (Last, First, Middle Initial)				
A. ROSEMARY DEININGER			Date of Receipt	
Mailing Address 12801 N. Central Expre	essway, Sui	te	08 30 2006	
City	State	Zip Code	Transaction ID: 16757866	
<u>Dallas</u>	TX	75243-1741	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		30.00	
Name of Employer Waldman Brothers	Occupatio Account			
Receipt For:		e Year-to-Date ▼	7	
Primary General Other (specify) ▼		260.00		
Full Name (Last, First, Middle Initial) ROSANNE WOLFE			Date of Receipt	
Mailing Address 4600 East Swans Nest	Mailing Address 4600 East Swans Nest Road			
City	State	Zip Code	Transaction ID: 16757867	
Tucson	AZ	85718-6248	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		10.00	
Name of Employer Wolfe Insurance & Consult-	Occupatio			
ants LLC Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date V	-	
Primary General	7.99.094.0		1	
Other (specify) ▼		225.00		
Full Name (Last, First, Middle Initial) SHEILA H HARTMAN			Date of Receipt	
Mailing Address 21700 Oxnard St., # 12	270		08 30 2006	
City	State	Zip Code	Transaction ID: 16757868	
Woodland Hills	CA	91367-3669	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Financial Independence Co-	Occupatio			
mpany Receipt For:	Insuranc	e Agent e Year-to-Date ▼	-	
Primary General	, iggi cgall		1	
Other (specify) ▼		800.00		
SUBTOTAL of Receipts This Page (optional)			140.00	
TOTAL This Period (last page this line number	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) CAROLYNNE E. MULDOON Mailing Address 457 Main Street City Longmont FEC ID number of contributing federal political committee. Name of Employer Milestone Insurance Agency Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) THOMAS L VOITER	State CO C Occupation Owner Aggregate	Zip Code 80501-5534 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	THOMAS L VOITER Mailing Address 100 Amaryllis Drive City Lafayette FEC ID number of contributing federal political committee. Name of Employer Physician's Mutual Insurance Receipt For: Primary General Other (specify)	State LA C Occupation Insurance Aggregate		Date of Receipt M M
C .	Full Name (Last, First, Middle Initial) SYDNEY BRILEY Mailing Address 605 E Van Buren Street City Broken Arrow FEC ID number of contributing federal political committee. Name of Employer Employee Benefit Solutions Inc. Receipt For: Primary General Other (specify)		Zip Code 74011-7261 n Consultant e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	120.00
т	OTAL This Period (last page this line number or	ılv)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 68 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) RANDY C. JOPPIE Mailing Address 5075 Cascade Road SE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16757874
	Grand Rapids	MI	49546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Collins & Associates Corp- oration		of Employee Benefits	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
3.	Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO			Date of Receipt
	Mailing Address 15 Kennedy Drive			08 30 7 2006
	City	State	Zip Code	Transaction ID: 16757878
	Budd Lake FEC ID number of contributing federal political committee.	C	07828-1438	Amount of Each Receipt this Period 50.00
	Name of Employer The Ruggiero Group LLC	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
) .	Full Name (Last, First, Middle Initial) TERRI Dumas ADAMS			Date of Receipt
	Mailing Address PO Box 1290			08 / 000 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	City Prairieville	State LA	Zip Code 70769-1290	Transaction ID: 16757882 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70703 1230	40.00
	Name of Employer Benefit Strategies	Occupation Insurance		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	
S	UBTOTAL of Receipts This Page (optional)			190.00
T	OTAL This Period (last page this line number or	ıly)	→	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 68							
	EMIZED RECEIPTS		or each category of the	(check only one)							
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17							
Ar	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	, , , , , , , , , , , , , , , , , , , 							
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	National Association of Health Underwr	iters PAC (HUPAC)								
A.	Full Name (Last, First, Middle Initial) NORMAN D. SPRINGER			Date of Receipt							
	Mailing Address 1626 East 203rd Street			08 30 2006							
	City	State	Zip Code	Transaction ID: 16757888							
	Westfield	IN	46074-9687	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		30.00							
	Name of Employer American Community Mutual	Occupation Insurance									
	Receipt For:		Year-to-Date ▼								
	Primary General		220.00	1							
	Other (specify)	0 0	220.00								
В.	Full Name (Last, First, Middle Initial) PHYLLIS SWEEZY			Date of Receipt							
	Mailing Address P O Box 1769			08 30 7 2006							
	City	State	Zip Code	Transaction ID: 16757889							
	Morganton	NC	28680-1769	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		10.00							
	Name of Employer Black & Associates LLC	Occupation		7							
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_							
	Primary General	Aggregate	Teal to Bate V	1							
	Other (specify) ▼	0 0	205.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) PATRICIA A GRIFFEY			Date of Receipt							
	Mailing Address 227 Dixie Way North Su	iite 210		08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 16757890							
	South Bend	IN	46637	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		30.00							
	Name of Employer Occupation Page 1 Benefits Inc. Insurance										
		Year-to-Date ▼									
Primary General			320.00	1							
	Other (specify) ▼	0 0	320.00								
s	UBTOTAL of Receipts This Page (optional)			70.00							
	. 5 (1 %)										
T	OTAL This Period (last page this line number or										

S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 51 / 68						
	•		Use separate schedule(s) or each category of the	(check only one)						
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	National Association of Health Underwr	iters PAC (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) JOHN Philip GARVEN			Date of Receipt						
	Mailing Address 11715 East Main Street	- PO Box 8	3	08 30 2006						
	City	State	Zip Code	Transaction ID: 16757892						
	Huntley	IL	60142-6913	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.00						
	Name of Employer Benico LTD	Occupation								
	Receipt For:		e Year-to-Date ▼							
	Primary General		100.00	1						
	Other (specify) ▼	1 1	180.00							
В.	Full Name (Last, First, Middle Initial) ZAVEN KAZAZIAN			Date of Receipt						
	Mailing Address 35 North Lake Avenue,	Suite 720		08 30 7 2006						
	City	State	Zip Code	Transaction ID: 16757895						
	<u>Pasadena</u>	CA	91101-1856	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		85.00						
	Name of Employer Garner Insurance Services	Occupation Insurance								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		635.00	1						
	Other (specify)		033.00							
<u> </u>	Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY			Date of Receipt						
	Mailing Address 120 East Washington S	treet		08 30 YYYYY 2006						
	City	State	Zip Code	Transaction ID: 16757902						
	Plymouth	IN	46563-1744	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		85.00						
	Name of Employer KL Benefits	Occupation								
	Receipt For:		e Year-to-Date ▼	_						
	Primary General	55. 084.0		1						
	Other (specify) ▼		740.00							
	LIPTOTAL of Descints This Description of			200.00						
5	UBTOTAL of Receipts This Page (optional)		·······							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 68					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
National Association of Health Underwr	riters PAC (HUPAC)						
Full Name (Last, First, Middle Initial) RICHARD P COBURN			Date of Receipt					
Mailing Address 19 Minor Court			08 / 30 / Y Y Y Y Y Y					
City Son Refeet	State	Zip Code	Transaction ID: 16757903					
San Rafael	CA	94903-3716	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer Word & Brown	Occupation							
Receipt For:		e Year-to-Date ▼						
Primary General Other (specify) ▼		230.00						
Full Name (Last, First, Middle Initial) 3. JOHN L WARWICK			Date of Receipt					
Mailing Address PO Box 272 1907 B Mangrove Ave.			08 / 30 / 9 9 9					
City	State	Zip Code	Transaction ID: 16757915					
Chico	CA	95927-0272	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		85.00					
Name of Employer John Warwick Insurance	Occupation							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼		755.00						
Full Name (Last, First, Middle Initial)			Data of Receipt					
ERIC J JOHNSON Mailing Address P.O. Box 244261			Date of Receipt					
			08 30 2006					
City <u>Anchorage</u>	State AK	Zip Code 99503-2647	Transaction ID: 16757916 Amount of Each Receipt this Period					
FEC ID number of contributing		33300-2047						
federal political committee.	C		30.00					
Name of Employer Innovative Benefit Design	Occupation							
Receipt For:		e Year-to-Date ▼						
Primary General Other (specify) ▼		240.00						
	0 0	0 0 0 0 0 0						
SUBTOTAL of Receipts This Page (optional)			145.00					
TOTAL This Period (last page this line number of	only))						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17							
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
\rangle	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)								
۹.	Full Name (Last, First, Middle Initial) SUSAN T. COOK Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center	Ξ.		Date of Receipt M M A A A A A A A A A A A A A A A A A							
	City	State	Zip Code	Transaction ID: 16757917							
	Atlanta FEC ID number of contributing federal political committee.	GA C	30305-1773	Amount of Each Receipt this Period 50.00							
	Name of Employer Kaiser Permanente Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate									
3.	Full Name (Last, First, Middle Initial) DANIEL W. MCMAHON Mailing Address 123 East 2nd Avenue			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 16757924							
	Spokane	WA	99202-1504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Jones & Mitchell Insurance	Occupation Benefits									
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 440.00								
<u> </u>	Full Name (Last, First, Middle Initial) GREG A YODER			Date of Receipt							
	Mailing Address 1055 Minnesota Avenue			08 30 2006							
	City	State	Zip Code	Transaction ID: 16757930							
	San Jose	CA	95125-2451	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer Ray Silva Insurance Associates Inc. Insurance Associates Inc.			e Agent								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00								
s	UBTOTAL of Receipts This Page (optional)			200.00							
т.	OTAL This Period (last page this line number on	lv)									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON Mailing Address 739 East Jackson Street City State Martinsville IN FEC ID number of contributing federal political committee. Name of Employer American Community Mutual Insurance				Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Firet Incuração Group Inc	Occupation Insurance Aggregate		30.00
D.	Full Name (Last, First, Middle Initial) ALINE H. ROBERTS Mailing Address 3537 Old Conejo Road St City Newberry Park FEC ID number of contributing federal political committee. Name of Employer Insurance Dimensions Receipt For: Primary General Other (specify)	State CA C C Occupation Insurance		Date of Receipt M M M / 30 / 2006 Transaction ID: 16757936 Amount of Each Receipt this Period 170.00
s	UBTOTAL of Receipts This Page (optional)			230.00
T	OTAL This Period (last page this line number only	v)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 68							
ITEMIZED RECEIPTS			or each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17							
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso								
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	National Association of Health Underwri	iters PAC (HUPAC)								
A.	Full Name (Last, First, Middle Initial) TERESA F DEBRUIN			Date of Receipt							
	Mailing Address 5880 Live Oak Parkway Suite 230			08 / 30 / 4 2006							
	City	State	Zip Code	Transaction ID: 16757937							
	Norcross	GA	30092-2188	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer DeBruin Benefit Services Inc./ AA LaR	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		340.00	1							
	Other (specify)	0 0	340.00								
В.	Full Name (Last, First, Middle Initial) GREG J. SEIFERT			Date of Receipt							
	Mailing Address PO Box 189 916 Main Street			08 / 30 / 2006							
	City	State	Zip Code	Transaction ID: 16757938							
	Vancouver	WA	98666-0189	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Biggs Insurance Services	Occupation Insurance									
	Receipt For:		Year-to-Date ▼								
	Primary General		600.00	1							
	Other (specify)	0 0	000.00								
C.	Full Name (Last, First, Middle Initial) PAUL E. SMITH			Date of Receipt							
	Mailing Address 124 Washington Street			08 / 30 / 4 2006							
	City	State	Zip Code	Transaction ID: 16757948							
	Middletown	CT	06457-2820	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		85.00							
	Name of Employer AmeriBen Afliance LLC Insurance										
		Year-to-Date ▼									
Primary General			685.00	1							
	Other (specify) ▼		000.00								
s	JBTOTAL of Receipts This Page (optional)			165.00							
\vdash	. 5 . ,										
Lт	OTAL This Period (last page this line number or										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
A .	Full Name (Last, First, Middle Initial) JUAN LOPEZ Mailing Address 1851 E. First Suite 1100 City Orange FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) RONALD M LEVINE Mailing Address 3965 Johns Creek Ct., St.	State CA C Occupation Manager Aggregate	Zip Code 92868-1538	Date of Receipt M M 2006 Transaction ID: 16757957 Amount of Each Receipt this Period 30.00 Date of Receipt M M 2006 31 2006 Transaction ID: 16757063
	Suwanee FEC ID number of contributing federal political committee. Name of Employer ARINSO International Receipt For: Primary General Other (specify)	GA Occupation Vice Pres	30024	Transaction ID: 16757962 Amount of Each Receipt this Period 30.00
D.	Full Name (Last, First, Middle Initial) JIMMY G CHANDLER Mailing Address 10 Oriole Glen City Swannanoa FEC ID number of contributing federal political committee. Name of Employer Health & Disablity Specialists Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	90.00
т	OTAL This Period (last page this line number onl	v)	.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
3.	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN Mailing Address PO Box 1268 City Toms River FEC ID number of contributing federal political committee. Name of Employer BenefitPort LLC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JAMES C BOSIER Mailing Address P.O. Box 1230	State NJ C Occupation Insurance Aggregate		Date of Receipt M M
	City Waterloo FEC ID number of contributing federal political committee. Name of Employer Net Worth Advisors Receipt For: Primary General Other (specify)	State IA C Occupation Insurance Aggregate		Transaction ID: 16757970 Amount of Each Receipt this Period 40.00
C.	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER Mailing Address PO Box 30100 City Winston Salem FEC ID number of contributing federal political committee. Name of Employer The Rainmakers Group Inc. Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	UBTOTAL of Receipts This Page (optional)			165.00
т	OTAL This Period (last page this line number on	lv))	

SC	CHEDULE A (FEC Form 3X)		Llaa aanarata aahadula(a)	FOR LINE NU		PAGE 58 / 68						
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only or	ne)	_						
11	EIMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12						
				13	14	15 16 17						
An	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persollress of any political committee to	n for the purpose	e of solicitir	ng contributions						
<u>. </u>	NAME OF COMMITTEE (In Full)											
\	National Association of Health Underwrite	ore DAC (I	HIIDAC)									
	National Association of Fleatin Orderwite	13 1 AO (1	noi Aoj									
	Full Name (Last, First, Middle Initial)											
۹.	RUSH DAVID DIXON			Date of Re								
	Mailing Address 1375 Piccard Drive			0.8	31	2006						
	City	State	Zip Code	Transaction	n ID: 167							
	Rockville	MD	20850-4311			eipt this Period						
	FEC ID number of contributing			1 1		· · · · · 						
	federal political committee.	C				100.00						
	Name of Employer	Occupation		_								
	Early Cassidy and Schilli-		ployee Benefits									
	ng Lang Receipt For:		Year-to-Date ▼	_								
	Primary General	1.59.19										
	Other (specify) 🔻		800.00									
	'											
3.	Full Name (Last, First, Middle Initial)			Data of Da	a a int							
٥.	JAMES D SCHULZ Mailing Address 7101 S. 82nd St.			Date of Re		YYYY						
	Walling Address 7 [0] S. 8210 St.			0.8								
City State			Zip Code	Transaction ID: 16757994								
	Lincoln	NE	68516-6574		Amount of Each Receipt this Period							
	FEC ID number of contributing			80.00								
	federal political committee.	C				80.00						
	Name of Employer	Occupation	1	_								
	Midlands Financial Renefi-	Insurance										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	-	040.00									
	Other (specify) ▼		640.00									
	Full Name (Last First MC-U-1-22-1)											
Э.	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Re	eceipt							
	Mailing Address PO Box 38248			M M /	D D	YYYY						
	3300 Battleground Ave. #			0.8	3 1	2006						
	City	State	Zip Code	Transactio								
	Greensboro	NC	27438-8248	Amount of	Each Rece	eipt this Period						
	FEC ID number of contributing	C				85.00						
federal political committee.												
	FhenConcents Company	Occupation										
		Insurance		_								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		780.00									
	Cutor (Specify)	0 0	0 0 0 0 0 0 0 0									
	I											
SI	JBTOTAL of Receipts This Page (optional)					265.00						
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 68 (check only one) X 11a 11b 11c 12							
Ar	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.							
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite										
۹.	Full Name (Last, First, Middle Initial) CHRISTOPHER HARRISON			Date of Receipt							
	Mailing Address 921-C South McPherson	Church R	oad	08 31 2006							
	City	State	Zip Code	Transaction ID: 16757996							
	<u>Fayetteville</u>	NC	28303-5368	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Ebenconcepts Company	Occupation Insurance	e Agent								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		800.00								
_	Full Name (Last, First, Middle Initial)			Data of Danalist							
Э.	HUGH HENDRICKSON Mailing Address 1019 Pacific Ave. Suite 1	110		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 16758001							
	Tacoma	WA	98402-4468	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer Strategic Employee Benefit Services	Occupation Insurance									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		240.00								
) .	Full Name (Last, First, Middle Initial) JESSE A PATTON			Date of Receipt							
	Mailing Address 1112 Maple Street			08 31 2006							
	City	State	Zip Code	Transaction ID: 16758003							
	West Des Moines	IA	50265	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		225.00							
	Name of Employer Associations Marketing Group Inc.	Occupation CEO/Pres									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		2160.00								
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SCHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 60 / 68								
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or	y information copied from such Reports and State for commercial purposes, other than using the na	on for i	tne purp t contrib	utions	f soi	ncitii m si	ng c uch	comi	mittee	1S 9.			
abla	NAME OF COMMITTEE (In Full)												
$ \rangle$	National Association of Health Underwrite	ers PAC (I	HUPAC)										
<u>/</u> А.	Full Name (Last, First, Middle Initial) CRISTY RUSSELL RUSSELL GUPTO				Date of	Roco	int						
۸.	Mailing Address 357 Sanford Drive				M M		D	D 4	/ [Y		1
	City	State	Zip Code	┨.	0 8 Transad		3		7590		200	О	
	Morganton	NC	28655		Amoun						Period	4	
	FEC ID number of contributing				7 1110011	0	2011	100	Olpt		-		
	federal political committee.	C							_		50.	00	
	Flevible Renetit Manageme	Occupation											
	nt Receipt For:	Insurance	Year-to-Date ▼										
	Primary General	/ tggi ogato		-									
	Other (specify)		400.00										
— В	Full Name (Last, First, Middle Initial) KERRY D ALDRIDGE				Date of	Roco	int						
٥.	Mailing Address 1501 N. Limestone, Suite	te 100			Date of Receipt M M / D D / Y Y Y Y Y								
		_	08 31 2006										
	City	Zip Code		Transaction ID: 16758009 Amount of Each Receipt this Period									
	Lexington	KY	40505-3200	\dashv	Amoun	of Ea	ach I	Rec	eipt	this I	Period	d	_
	FEC ID number of contributing federal political committee.	C									80.	00	
	CKRS Insurance Group	Occupation											
		Insurance											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-									
	Other (specify)		640.00										
	Full Name (Last, First, Middle Initial)												
C.	M HUGHES WAREN, JR			_	Date of		•		_				
	Mailing Address P.O. Box 7661				0 8]	3				200		
	City	State	Zip Code		Transac								
	Wilmington	NC	28406-7661	\dashv	Amoun	of Ea	ach I	Rec	eipt	this I	Period	t	_
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	Ehonoonoonte ino	Occupation											
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	Primary General			ıl.									
	Other (specify)		320.00										
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	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	iters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) CLAUDIA MACIUK			Date of Receipt
	Mailing Address 2040 Terry Street, Suite	101		08 31 2006
	City	State	Zip Code	Transaction ID: 16758013
	Longmont	CO	80501-1890	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Volk & Associates Insuran-	Occupation	n	
	Volk & Associates Insuran- ce Agency In	Broker		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	205.00	1
	Other (specify)		200.00]
— В.	Full Name (Last, First, Middle Initial) PATRICIA MILLER			Date of Receipt
٥.	Mailing Address PO Box 8357			M M / D D / Y Y Y Y
				08 31 2006
	City	State	Zip Code	Transaction ID: 16758014
	Tyler	TX	75711-8357	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hibbs-Hallmark & Company	Occupation		
	Receipt For:		e Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify)	0 0	385.00	
C .	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt
	Mailing Address 17 North Delmorr Avenu	ie		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16758015
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	n	
	Avanti Benefits Corp	Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	620.00	1
	Other (specify)		020.00	1
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Is	UBTOTAL of Receipts This Page (optional)			130.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 62/68 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) A. ELEANOR BROCKHURST Date of Receipt Mailing Address 1212 East Osborn Road, Suite 110 3 1 8 0 2006 City State Zip Code Transaction ID: 16758017 **Phoenix** ΑZ 85014-5533 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Brockhurst & Associates Occupation Insurance Agent Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	•	11307.00

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) N	lational Asso	ciation of Health U	nderwriters	PAC (H	UPAC)									
	ull Name (Last, lerchant Serv	First, Middle Initial) vices								tion IE Disburs	_	869475 nt		
M	lailing Address	7300 Chapman	Hwy					0,8	3 ^M	/ D	0 1	/ Y	ž 0 ŏ 6	3 ^Y
	ity noxville			State TN	Zip Code 37920-6612			Amo	ount (of Eacl	h Dis	burseme		
	urpose of Disburedit Card Proc						001						425.	01
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	ity Hinton			State MD	Zip Code 20735			Amo	ount (of Eac	h Dis	burseme		
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	ity hoenix			State AZ	Zip Code 85072-3852			Amo	ount (of Eac	h Dis	burseme		
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/ National Association	of Health Underwrite	rs PAC (HUPAC)										
Full Name (Last, First, M	iddle Initial)					-	Transa	ction IE) : 16330)940		
Friends Of Blanche L	incoln						Date of	Disburs				V
Mailing Address PO	Box 3197						0 8		09 /	. 2	2006	Ť
City		State Zip Code					Amoun	t of Eac	h Disbur	semer	nt this F	eriod
Little Rock Purpose of Disbursemer		AR 72203									1000.0	00
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Sen. Blanche Lambe		ement For: 2010		Туре								
		Primary Gene	eral			(Contrib	oution				
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State: AR Distri												
Full Name (Last, First, M Thelma Drake For Co	,							ction IE)939		
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Mailing Address PO	Box 61480						0 8		0 9	2	2006	
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	enate	Primary X Gene	eral				Contrib	oution				
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Full Name (Last, First, M						+ -	Tranco	ction IF	16220	1006		
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^	Full Name (Last, First, Middle Initial)						-		-			2	
Α.	Committee To Re-Elect Bobby Jindal							_			nt	V . V	V
	Mailing Address PO Box 8628						8 ^M 0		<u>ַ</u>) 9	Ĺ	200	6
	City	State Zip Code					Amou	int o	f Each	ı Disk	oursem	ent this	Period
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	Rep. Bobby Jindal			T	уре								
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	President	Other (specify)											
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В.	Full Name (Last, First, Middle Initial)											1	
ъ.	Sandhills Political Action Committee							_			nt	V * V	V
	Mailing Address 1310 G Street, NW Suite 600						0 8	IVI	′) 9	Ĺ	200	6
	City Washington	State Zip Code DC 20005					Amou	int o	f Each	ı Disk	oursem	ent this	Period
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C.	Full Name (Last, First, Middle Initial) Friends For Mike McGavick											1	
	Mailian Adduses DO D 0047								/ D	D	/ Y	žnň	6 Y
	Mailing Address PO Box 9247						0 0					200	0
	City Seattle	State Zip Code WA 98109					Amou	int o	f Each	Disk	oursem	ent this	Period
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	Office Sought: House Disburse	ement For: 2006	<u> </u>		,,,,		0						
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NAME OF COMMITTEE (In Full)	e and address or any political co	ommittee to	SOIICII COIT	libulions n	OIII SUCII (Johnnillee	
National Association of Health Underwriter	s PAC (HUPAC)						
Full Name (Last, First, Middle Initial)			Tran	saction ID	: 163308	82	
Steele For Maryland Inc				of Disburs		/ · · · · ·	V
Mailing Address 1350 Dorsey Rd. Bldg. A Suite A			0 8	· · · · · · · · · · · · · · · · · · ·	9 /	ŽOĎE	3
City Hanover	State Zip Code MD 21076		Amo	unt of Each	n Disburse	ement this F	Period
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Contribution		011					
Candidate Name Mr. Michael Steele		Category/ Type					
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Full Name (Last, First, Middle Initial)			Tron	acetion ID	. 160011	75	
3. New Republican Majority Fund				saction ID of Disburs			V
Mailing Address 201 North Union Street,	Suite 530		0 8		ว 9ั	žοŏε	5
City Alexandria	State Zip Code VA 22314		Amo	unt of Each	n Disburse	ement this F	Period
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Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Cont	ribution			
Full Name (Last, First, Middle Initial)			Tran	saction ID	: 165079	59	
Friends Of John Boehner			_	of Disburs			
Mailing Address 7908-I Cincinnati Dayton	Road		0 8	M / D	23	žοŏε	S Y
City West Chester	State Zip Code OH 45069		Amo	unt of Each	n Disburse	ement this F	Period
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Candidate Name Rep. John A. Boehner	-	Category/ Type					
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National Association of Health Underwriter	s PAC (HUPAC)								
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A. Wally Herger For Congress Committee					of Disburs		/ · / · \	, · · V	
Mailing Address P.O. Box 1500				0 ^M 8	<u>"</u>	23 /	žoč	6	
	State Zip Code CA 95927			Amoui	nt of Each	Disburse	ement this	s Period	
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Full Name (Last, First, Middle Initial) Gommitte To Re-Elect Ed Towns					action ID:		140		
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Mailing Address 438 Lewis Avenue				0 8		2 5	200	0 6	
,	State Zip Code NY 11233			Amoui	nt of Each	Disburse	ement this	s Period	_
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Thelma Drake For Congress					of Disburs		142		
Mailing Address PO Box 61480				0 ^M 8	M / D	25	žoč	6 °	
,	State Zip Code VA 23466			Amoui	nt of Each	Disburse	ement this	s Period	
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Candidate Name		Catego							
Rep. Thelma D. Drake		Туре							
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National Association of Health Underwriter	s PAC (HUPAC)								
Full Name (Last, First, Middle Initial)			Tra	nsacti	on ID:	165910)18		
Nathan Deal For Congress					isburse		y y	Y ° Y	1
Mailing Address PO Box 902			0	8	2	8	20	0 6	
City	State Zip Code		Am	ount o	f Each	Disburse	ement th	nis Pei	riod
Gainesville Purpose of Disbursement	GA 30503		- Г				200	00.00	
Contribution		011				-			
Candidate Name Rep. Nathan Deal		Category/ Type							
Senate President	ement For: 2006 Primary X General Other (specify)		Cor	tribut	ion				
State: GA District: 10									
Full Name (Last, First, Middle Initial) Hatch Election Committee Inc			Dat	e of Di	isburse	ment			
Mailing Address 175 South West Temple	Suite 650		0 ^M	8 ^M	^D 2	8 /	ž0	ŏ6	
City Salt Lake City	State Zip Code UT 84101		Am	ount o	f Each	Disburse			•
Purpose of Disbursement Contribution		011					100	00.00	
Candidate Name Sen. Orrin G. Hatch		Category/ Type							
X Senate President	ement For: 2006 Primary X General Other (specify)		Cor	tribut	ion				
State: UT District: 1									
Full Name (Last, First, Middle Initial) Bob Goodlatte For Congress Committee				e of Di	isburse	ment	248		
Mailing Address P.O. Box 292			O ^M	8 ^M	3	1 /	ž0	ŏ6°	
City Roanoke	State Zip Code VA 24002		Am	ount o	f Each	Disburse	ement th	nis Pei	riod
Purpose of Disbursement Void - check dated 4/28/2006		011	īL				-50	00.00	
Candidate Name Rep. Robert W. Goodlatte		Category/ Type	'						
· —	ement For: 2006 Primary General Other (specify)		Void 006	d - ch	eck da	ated 4/2	28/2-		
SUBTOTAL of Disbursements This Page (optional)		h					250	0.00	
					-		1/150)))	
TOTAL This Period (last page this line number only)		J					1430	טטָ.טּט	